

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

GRACIOUS TRANSPORTATION SERVICES LLC.

280990
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2018 - 397 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) GRACIOUS TRANSPORTATION SERVICES LLC
Submitted by:

Telephone: 864 444 0493

Address: 2 MEADOW SPRINGS LN
GREER, SOUTH CAROLINA, 29650

Fax: 864 583 1911

Other:

Email: Gracioustransportationservices@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED
DEC 20 2018
PSC SC
MAIL / DMS

DP

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 12/19/2018

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. GRACIOUS TRANSPORTATION SERVICES LLC.

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2 MEADOW SPRINGS LN. GREER, SC 29650

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864 444 0493

Phone

864 583 1911

Fax

Gracious transportservices@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Emmanuel IGWE

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>	<u>Liabilities:</u>
Value of Real Estate	Mortgage/Loan on Real Estate
Value of Motor Vehicles	Loans Owed on Motor Vehicles
Cash on Hand	Business/Other Loans Owed
Cash in Bank	Other Liabilities or Debts
Value of Other Assets and Equipment	Total Liabilities
Total Assets	

Handwritten values in boxes:

- Value of Motor Vehicles: \$240,000
- Cash on Hand: \$50,000
- Cash in Bank: \$100,000
- Value of Other Assets and Equipment: \$20,000
- Total Assets: \$410,000
- Loans Owed on Motor Vehicles: \$84,000
- Total Liabilities: \$84,000

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

See Attached

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

*See attached Vehicles been used in Texas.
South Carolina not yet Purchased*

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT

Year	Make	Model	Type of Vehicle	VIN
2012	Dodge	Grand Caravan	Wheelchair Lift	2C4RDGCG0CR201632
2014	Dodge	Grand Caravan	Wheelchair Lift	2C4RDGBG6ER261113
2016	Dodge	Grand Caravan	Wheelchair Lift	2C4RDGBG0GR378320
2014	Toyota	Sienna	Wheelchair Lift	5TDKK3DCXES478892
2014	Toyota	Sienna	Wheelchair Lift	5TDKK3DC5ES434217
2014	Toyota	Sienna	Wheelchair Lift	5TDKK3DC0ES497211
2015	Toyota	Sienna	Wheelchair Lift	5TDZK3DC4FS660443
2013	Toyota	Sienna	Ambulatory	5TDZK3DC6DS351974
2013	Toyota	Scion HB	Ambulatory	JTLZE4FE1DJ047996
2013	Toyota	SXB	Ambulatory	JTLZE4FE7DJ047615
2013	Toyota	SXB	Ambulatory	JTLZE4FE9DJ046501
2013	Toyota	SXB	Ambulatory	JTLZE4FE5DJ046379
2013	Toyota	Scion HB	Ambulatory	JTLZE4FE3DJ044310
2014	Toyota	Camry	Ambulatory	4T4BF1FKXER434014
2014	Toyota	Camry	Ambulatory	4T4BF1FK0ER435480
2014	Toyota	Camry	Ambulatory	4T4BF1FK0ER408604
2014	Toyota	Camry	Ambulatory	4T4BF1FK2ER434895
2014	Toyota	Camry	Ambulatory	4T4BF1FK3ER422710
2014	Toyota	Camry	Ambulatory	4T4BF1FK4ER436891
2014	Toyota	Camry	Ambulatory	4T4BF1FK5ER429688
2014	Toyota	Camry	Ambulatory	4T4BF1FK6ER433328
2016	Toyota	Camry	Ambulatory	4T4BF1FK9GR522121
2016	Toyota	Camry	Ambulatory	4T4BF1FK1GR520380
2013	HONDA	ACCORD	Ambulatory	1HGCR2F35DA252893
2016	HONDA	ACCORD	Ambulatory	1HGCR2F30GA004409
2016	HONDA	ACCORD	Ambulatory	1HGCR2F32GA008235

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

EMMANUEL IGWE

Name of Applicant

2 MEADOW SPRINGS LN, GREER SC 29650

Address of Applicant

Amount of Premium:

Liability Insurance \$ 1,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	<u>1,000,000</u>
Medical Payments per Person	\$ 1,000	<u>1,000</u>

ACCORD THROUGH CROSSLAND INS. Agency

Name of Insurance Company

1101 Hwy 90 East, New Iberia, LA 70560

Home Office Address of Company

See Attached

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)X EMMANUEL IGWE

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

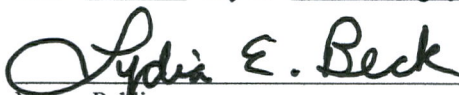



Applicant's Signature


Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Greenville)

SWORN TO BEFORE ME
This 20 day of December, 20 18


Notary Public

Commission Expires My Commission Expires: June 18, 2019

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Gracious Transportation Services LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 1st, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 1st day
of November, 2018.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Nov 01 2018
REFERENCE ID: 233820


SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic

Filing ID: 181101-1415201

Filing Date: 11/01/2018

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Gracious Transportation Services LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "LC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
2 Meadow Springs Ln.

(Street Address)

Greer, South Carolina 29650

(City, State, Zip Code)

3. The initial agent for service of process is

Emmanuel Igwe

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
2 Meadow Springs Ln.

(Street Address)

Greer

South Carolina 29650

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Emmanuel Igwe

(Name)

2 Meadow Springs Ln.

(Street Address)

Greer, South Carolina 29650

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Nov 01 2018

REFERENCE ID: 233820


SECRETARY OF STATE OF SOUTH CAROLINA

Gracious Transportation Services LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Nov 01 2018

REFERENCE ID: 233820



SECRETARY OF STATE OF SOUTH CAROLINA

Gracious Transportation Services LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Emmanuel Igwe

Signature of Organizer

Date: 11/01/2018

Signature of Organizer

Date: _____

LogistiCare Rate Card



New Rate Structure

Level of Service	0-3	4-6	7-10	Per Mile after 10 Miles
Ambulatory	\$6.67	\$10.26	\$13.80	\$1.40
Wheelchair	\$14.86	\$18.18	\$23.05	\$1.41

The Rate Card described above is used in discussions with Transportation Providers. This Rate Card can not be considered the Legal Exhibit B for a formal contract.



GRACTRA-03

RCEFALU

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/20/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Crossland Insurance Agency LLC 1101 Highway 90 East New Iberia, LA 70560	CONTACT NAME	
	PHONE (A/C, No, Ext): (337) 367-6030 FAX (A/C, No): (337) 367-6066	
	E-MAIL ADDRESS: email@crosslandins.com	
INSURED Gracious Transportation Services, Inc. 2424 Poinciana Place (Mailing) Dallas, TX 75212	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Western World Insurance Co	13196
	INSURER B: National Liability & Fire Insurance Company	20052
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		NPP8509610	03/20/2018	03/20/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included SEXUAL ABUSE AN \$ 500,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X		73APS078782	03/20/2018	03/20/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Non Emergency Medical Transportation
2012 Dodge Grand Caravan #2C4RDGCG0CR201632 \$16,000 Comp/Coll \$1,000 Deductible
2014 Dodge Grand Caravan #2C4RDGBG6ER261113 \$15,000 Comp/Coll \$1,000 Deductible
2014 Toyota Sienna #5TDKK3DCXES478892 \$16,000 Comp/Coll \$1,000 Deductible
2014 Toyota Sienna #5TDKK3DCSES434217 \$16,000 Comp/Coll \$1,000 Deductible
2012 Toyota Sienna #5TDKK3DC0ES497211 \$16,000 Comp/Coll \$1,000 Deductible
2015 Toyota Sienna #5TDZK3DC4FS660443 \$16,000 Comp/Coll \$1,000 Deductible
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

LogistiCare Solutions, LLC 12234 N Interstate 35 Building B Suite 175 Austin, TX 78753	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE [Signature]

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ADDITIONAL REMARKS SCHEDULE

AGENCY Crossland Insurance Agency LLC		NAMED INSURED Gracious Transportation Services, Inc. 2424 Poinciana Place (Mailing) Dallas, TX 75212	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

2013 Toyota Sienna #5TDZK3DC6DS351974 \$13,000 Comp/Coll \$1,000 Deductible
2013 Toyota Scion #JTLZE4FE1DJ047996 \$8,000 Comp/Coll \$1,000 Deductible
2013 Toyota SXB #JTLZE4FE7DJ047615 \$8,000 Comp/Coll \$1,000 Deductible
2013 Toyota SXB #JTLZE4FE9DJ046501 \$8,000 Comp/Coll \$1,000 Deductible
2013 Toyota SXB #JTLZE4FE5DJ046379 \$8,000 Comp/Coll \$1,000 Deductible
2013 Toyota Scion #JTLZE4FE3DJ044310 \$8,000 Comp/Coll \$1,000 Deductible
2014 Toyota Camry #4T4BF1FKXER434014 \$11,000 Comp/Coll \$1,000 Deductible
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2014 Toyota Camry #4T4BF1FK2R434895 \$11,000 Comp/Coll \$1,000 Deductible
2014 Toyota Camry #4T4BF1FK3ER422710 \$11,000 Comp/Coll \$1,000 Deductible
2014 Toyota Camry #4T4BF1FK4ER436891 \$11,000 Comp/Coll \$1,000 Deductible
2014 Toyota Camry #4T4BF1FK5ER429688 \$11,000 Comp/Coll \$1,000 Deductible
2014 Toyota Camry #4T4BF1FK6ER433328 \$11,000 Comp/Coll \$1,000 Deductible
2016 Toyota Camry #4T4BF1FK9GR522121 \$14,500 Comp/Coll \$1,000 Deductible
2013 Honda Accord #1HGCR2F35DA252893 \$9,000 Comp/Coll \$1,000 Deductible
2016 Honda Accord #1HGCR2F30GA004409 \$15,000 Comp/Coll \$1,000 Deductible
2016 Honda Accord #1HGCR2F32GA008235 \$15,000 Comp/Coll \$1,000 Deductible

Waiver of Subrogation is in favor of TX HHSC. Texas Health and Human Services Commission & LogistiCare Solutions, LLC are Additional Insured as to Auto & General Liability policy. Sexual Abuse & Molestation coverage is included in the General Liability policy with limits of \$500,000 per occurrence and \$500,000 aggregate.

Gracious Transportation Services LLC
2 Meadow Springs Ln.
Greer, South Carolina 29650

Public Service Commission
Clerk's Office
101 Executive Center Drive, Suite 100
Columbia, SC 29210
12/19/18

Dear Sir/Madam

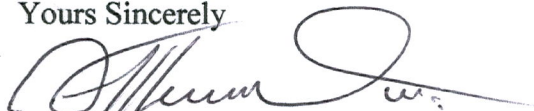
Re: Request to Expedite Application

My Name is Emmanuel Igwe, the director of Gracious Transportation Services LLC. Gracious Transportation Services LLC is a Non-Emergency, Medical Transportation Company that utilizes current technologies for dispatch and communication. We are desiring to enter into a contract with Logisticare to provide transportation services to many struggling to get to their dialysis appointments or doctor's office visits. In order to help serve the most affected people and communities, we intend to start service by the mid of January.

In order to effectively start meeting these needs, we are asking for your help in this matter by expediting the approval of our application.

We will be glad to cover any associated fees in this regard. Thank you so much for your understanding and help. Have a very blessed holidays and God bless.

Yours Sincerely



Emmanuel Igwe

Executive Director

Phone: (864) 444 0493

Email: gracious transportservices@gmail.com

RECEIVED
DEC 20 2018
FSC SC
MAIL / DMS